



## Breast & Cervical Health Program Screening Voucher

The following woman is approved for services through the Montana Breast and Cervical Health Program.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SERVICE	PROVIDER & ADDRESS	DATE & TIME
Office visit for clinical breast exam and pelvic exam.		
Pap smear (Note * below)		
Mammogram (screening or diagnostic)		
Follow-up diagnostic exams for abnormal results (e.g., ultrasound, surgical consult, biopsy)		

\*After 3 Normal Pap test results within 60 months, a client is eligible for annual Pap tests through the MBCHP only if there is an increased risk for pre-invasive lesions of the cervix. A client who has had a hysterectomy is eligible for MBCHP cervical cancer screens (Pap test) if the cervix is present, OR the hysterectomy was due to cervical neoplasia.

Approval Determined By \_\_\_\_\_

Approval Date \_\_\_\_\_

### Providers please note:

1. **Financial assistance through the MBCHP is available to eligible women who are uninsured or underinsured. If a woman has insurance, the provider should bill the insurance first. Upon receiving the EOB from the insurance carrier, the provider should send a claim (with the EOB attached) to the MBCHP for the balance that is due for the specific screening/diagnostic tests.**

2. **Indicate MBCHP as a payer on mammography and lab request forms.**

3. **Submit claims for MBCHP services to:** Montana Medical Billing  
MBCHP Unit  
P. O. Box 5865  
Helena, MT 59604  
1-888-227-7065

If you have questions, call: \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Administrative Site Coordinator